17. Cancer of the Testis

(ICD-9 186)

KEY FACTS

- On average 47 cases of cancer of the testis were registered per year.
- Excellent survival under modern treatment regimes.
- A disease of young males.
- Half of cases occurred in those under 33 years of age.
- Most common cancer in males aged 25-34 years.
- No significant variation by area.

There were an average of 47 cancers of the testis registered each year 1993-95. It was the sixteenth most commonly diagnosed cancer accounting for about 1% of all male cancers. Incidence appeared to fall but the numbers were small and the time period studied short. Survival was very good with deaths representing only 8% of registrations reflecting the major advances in the treatment of this cancer.

Table 42 Summary Statistics

Year	1993	1994	1995
INCIDENCE			
Incident Cases	54	47	41
Crude Rate (per 100,000)	6.78	5.86	5.09
Cumulative Risk (0-74) (%)	0.48	0.42	0.36
WASR (per 100,000)	6.18	5.41	4.75
EASR (per 100,000)	6.81	5.76	4.97
% of All Cancers	1.28	1.09	1.01
DATA QUALITY			
Mortality : Incidence Ratio	0.05	0.10	0.09
% Death Certificate Only	1.85	0.00	0.00
% Microscopically Verified	98.15	100	92.68
MORTALITY			
Number of Deaths	3	5	4
Crude Rate (per 100,000)	0.38	0.62	0.50
Cumulative Risk (0-74) (%)	0.03	0.04	0.03
WASR (per 100,000)	0.35	0.54	0.48
EASR (per 100,000)	0.37	0.68	0.49
% of All Cancer Deaths	0.16	0.27	0.22

WASR = Rates standardised for age to the World standard population
EASR = Rates standardised for age to the European standard population

Age Profile

Cancer of the testis is a disease of young males. Half of the cases of cancer of the testis were under 33 years of age - 1 in 7 was less than 25 years of age. The peak age of incidence was 20-34 years at which age it was the commonest cancer in males - see Figures 31 and 32.

Figure 31 Age Distribution of New Cases 1993-95, Cancer of the Testis

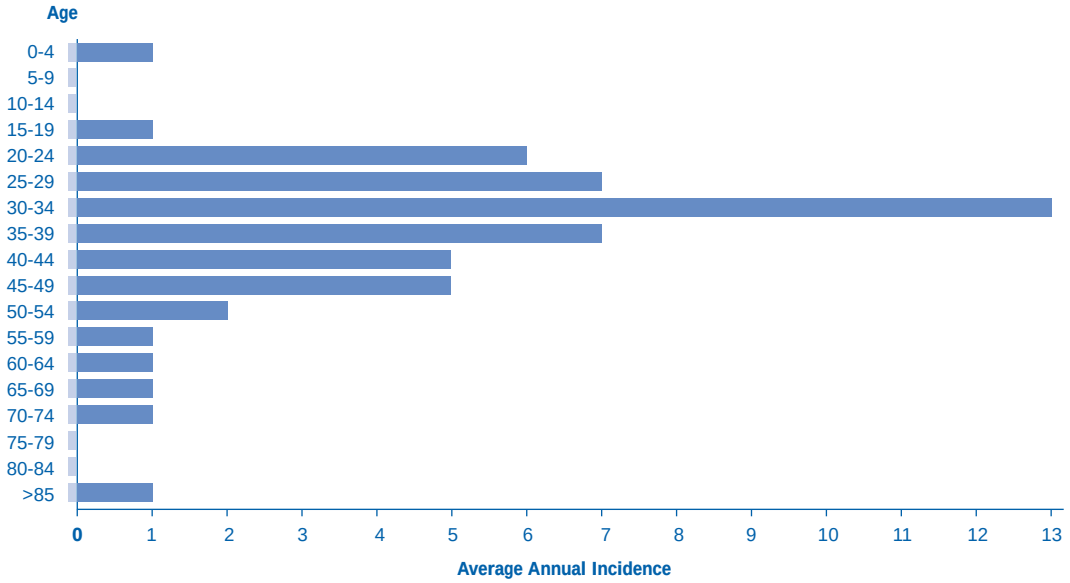
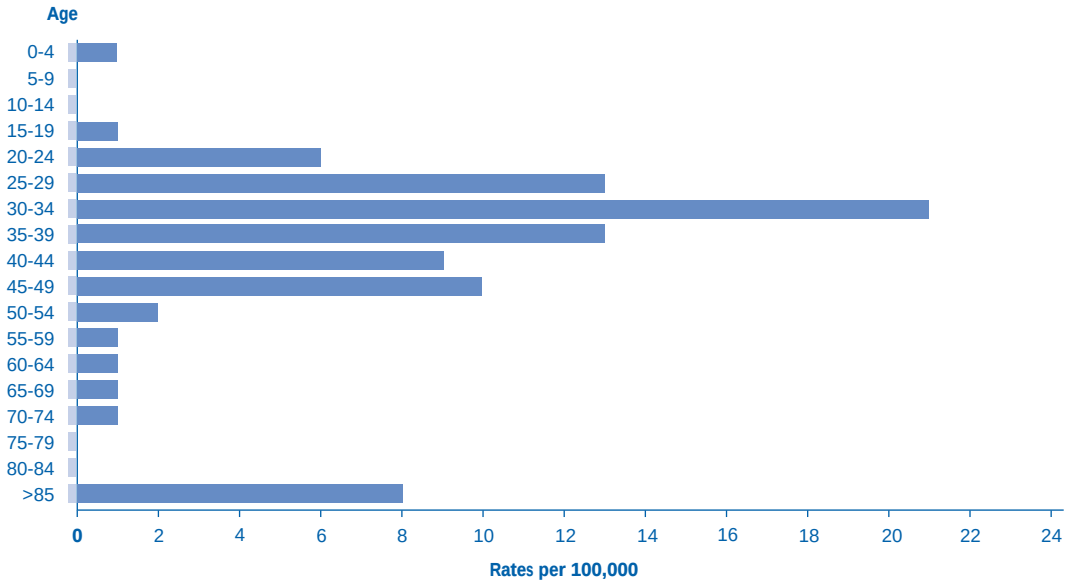


Figure 32 Average Annual Age Specific Rates (per 100,000) 1993-95, Cancer of the Testis



Morphology

Only 3% of tumours did not have Microscopic Verification. The majority, (63%), were diagnosed as seminomas which are of low malignant potential - patients with this form have a good prognosis. Malignant teratomas were the other major group (21%). Those of undifferentiated type, (7%) represent a more aggressive form of the disease.

Geographical Distribution of Disease

No significant variation at Health Board level was found for any age group.

Comparison with other Countries

Table 43 provides comparative figures for the numbers of cases and European Age Standardised Rates for the year 1995.

Table 43 Comparative Numbers and Rates for Britain and Ireland 1995, Cancer of the Testis

Country	Cases	EASR (per 100,000)
Scotland	171	6.40
England & Wales	1170	4.50
Republic of Ireland	89	4.90
Northern Ireland	41	4.97

The rates for testicular cancer were very similar to the Republic of Ireland and were lower than in Scotland while higher than in England & Wales.

Comment

Most western populations, including Scotland and England & Wales, have recorded an increase in incidence associated, in part, with better detection. As the Northern Ireland numbers are small, it is difficult to assess whether the seeming downward trend in incidence is actually real. The low level of deaths is probably due to the dramatic improvement in survival brought about by Cisplatin drug treatment introduced after the 1970s.

The association between undescended testis and cancer has been known for some time. The risk of testicular cancer in males with undescended testis is thought to be about ten times higher than that of the general population. Interestingly, in cases where only one testis is undescended, this increased risk is observed in both testes suggesting common causal factors.

For Health Gain

- Men should be encouraged to perform regular self-examination to detect any testicular change.
- Male health, including raised awareness of the importance of early investigation of symptoms (including lumps), should be a focus for a general health education programme.
- Clinical trials continue to identify regimens which will enhance survival.